

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 248

Primary Registration District No. 7367

Registrar's No. 18

63-048827
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 10 1964

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 4, Joplin</u>		d. STREET ADDRESS (If outside, give location) <u>Route 4, Joplin</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Aude</u> Last <u>Gardner</u>		4. DATE OF DEATH Month <u>December</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-11-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager of</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water Company</u>	
11a. BIRTHPLACE (City and state or country) <u>Lebanon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Leander Gardner</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie M. Harper</u>	
14. NAME OF HUSBAND OR WIFE <u>Olive Esther Gardner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>	
16. SOCIAL SECURITY NO. <u>W.W.I</u>		17. INFORMANT <u>Mrs. Olive E. Gardner, Rt. 4, Joplin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>gunshot wound, 22 caliber</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>subject was wounded by 22 cal. gunshot, entering upper abdominal area</u>	
20c. TIME OF INJURY Hour <u>1:45</u> a.m. <input checked="" type="checkbox"/> Month, Day, Year <u>12/29/1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home, 2 miles South of Racine, Newton, Missouri</u>
20f. CITY, TOWN, OR LOCATION <u>Newton, Missouri</u>		20g. COUNTY <u>Newton</u> STATE <u>Missouri</u>	
21. DEATH OCCURRED AT Death occurred at <u>2:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>James L. Haddock, coroner</u>	
22b. ADDRESS <u>118 W. Main, Neosho, Mo.</u>		22c. DATE SIGNED <u>1/2/1964</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-31-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Muncy Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Wheaton, Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>1-4-1964</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1964

3-25-64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. York

Licensed Embalmer No. 5193

P. O. Address Jefferson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.